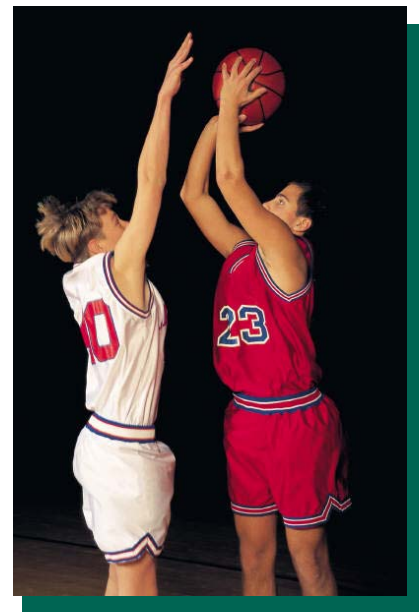


# Tobacco Use by Nebraska's Middle School Students

Results of the 2002 Middle School Youth Tobacco Survey of a sample of Nebraska public school students in grades 6-8



- ◆ *In Nebraska each year, 2,400 adults die prematurely because of cigarette smoking.<sup>1</sup>*
- ◆ *One third of Nebraska's middle school students have tried smoking cigarettes.*
- ◆ *Cigarette smoking is responsible for \$419 million (7%) of the state's annual health care costs.<sup>2</sup>*
- ◆ *Seventy-three percent of Nebraska's current smokers under age 18 who purchased cigarettes in a store in the last 30 days say they were not asked to show proof of age.*



Nebraska Health and Human Services System  
Office of Disease Prevention and Health Promotion  
P.O. Box 95044  
301 Centennial Mall South  
Lincoln, NE 68509-5044

Website: [www.hhs.state.ne.us/tfn/tfnindex.htm](http://www.hhs.state.ne.us/tfn/tfnindex.htm)



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**Dear Concerned Nebraskans:**

All parents worry about the health and safety of their children. Many parents teach their children to avoid drugs but overlook the fact that tobacco is one of the most abused and deadliest of drugs.

In the last few years in Nebraska we have made steady progress in reducing the number of young people who use tobacco. In 2001, 30.5% of Nebraska adolescents under age 18 smoked. This proportion declined to 24.1% by 2003. Obviously, a quarter of our young people using tobacco is unacceptable. However, the progress we're making is encouraging.

To maintain this progress, all Nebraskans need to join together in a broad range of activities designed to further reduce tobacco use. These activities include:

- Parents continuing to talk to their children about the dangers of tobacco use and personally encouraging them not to smoke or chew.
- Parents, grandparents, aunts and uncles, and older brothers and sisters who use tobacco enrolling in tobacco use cessation programs and attempting to quit.
- Community groups interested in the welfare of young people speaking out against tobacco use.
- Managers of public places such as restaurants, sporting venues, and shopping malls ensuring that their places of business are smoke free.
- Managers of private businesses establishing smoke-free workplaces and providing incentives for employees who smoke to attend tobacco use cessation programs.
- Law enforcement officials, school officials, and others actively enforcing all restrictions against the sale and use of tobacco products.
- Community leaders actively considering legislative opportunities to expand smoke-free environments, limit tobacco sales to minors and initiate other strategies, such as increasing the tax on tobacco products, that have been shown to effectively reduce tobacco use.
- Community residents actively encouraging their schools to support programs that emphasize factual knowledge and skills to counter pressures to use tobacco. Tobacco education must start early and continue through high school.

By joining together in these activities we can maintain the progress made and continue to reduce youth tobacco use.

Best wishes for the best of health.

Richard Raymond, MD  
Chief Medical Officer  
NE Health and Human Services System

# Nebraska Middle School Youth Tobacco Survey

## 2002 Results

### Background

In Nebraska each year, 2,400 adults die prematurely from smoking cigarettes. This means that some 45,000 Nebraskans now under the age of 18 will eventually die prematurely from smoking cigarettes. To this can be added an unknown number of preventable premature deaths that will result from chewing tobacco. All of these premature deaths are preventable.

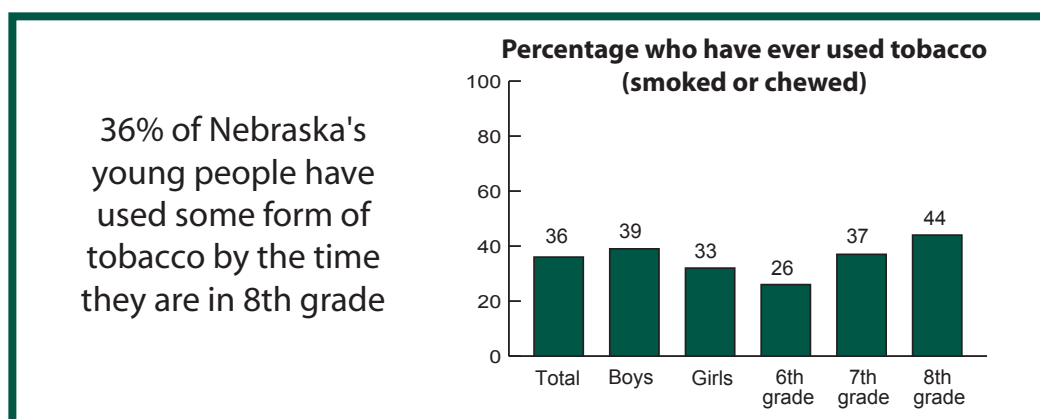
To understand the magnitude of reducing these deaths, it is important to know how many young people are taking up the practice of tobacco use, when they began, and what is the pattern of their use. This report describes tobacco use among a representative sample of Nebraska middle school students.

The students who completed the Nebraska Middle School Youth Tobacco Survey represent a true sample of all Nebraska students in public schools in grades 6-8.

A two-stage sampling procedure was used to select participating students. The first-stage sampling frame consisted of all public schools containing any of grades 6-8. Schools were selected with a probability proportional to school enrollment. The second-stage sampling frame consisted of a systematic equal probability sampling (with a random start) of classrooms from each school participating in the survey. All students in the selected classrooms were eligible to participate in the survey.

Of the sampled schools, 75.4% (46 of 61) agreed to participate. Of the eligible students, 95.5% (2,812 of 2,944) completed usable questionnaires.

Results were weighted to reflect the likelihood of sampling each student and to reduce bias by compensating for differing patterns of non-response.



### The Sample

In the spring of 2002, 2,812 of the 2,944 sampled Nebraska young people in grades 6-8 provided usable questionnaires.

Gender			
Boys	51%	Girls	49%
Grade in School		Age	
6th Grade	32%	12 and younger	43%
7th Grade	33%	13 years old	33%
8th Grade	33%	14 and older	22%

#### Ethnicity (respondents can answer more than once)

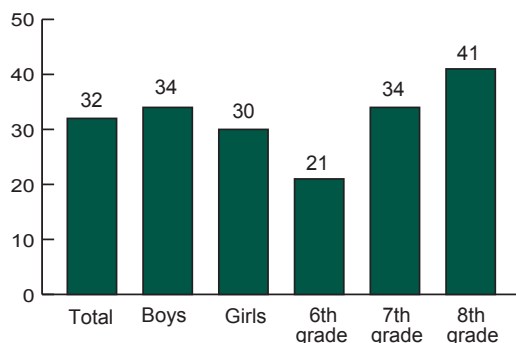
American Indian/Alaska Native	13%
Asian	5%
Black/African American	9%
Hispanic/Latino	9%
Native Hawaiian/Pacific Islander	2%
White	79%

The weighted results of this survey can be used to make inferences concerning tobacco use risk behaviors of all regular public school students in grades 6-8 in Nebraska's public schools.

*All  
cigarette-  
related  
diseases  
and  
deaths  
are  
totally  
preventable.*

## Cigarette Use Among Middle School Children Who's Doing What?

Percentage of students who ever  
tried cigarette smoking, even  
one or two puffs



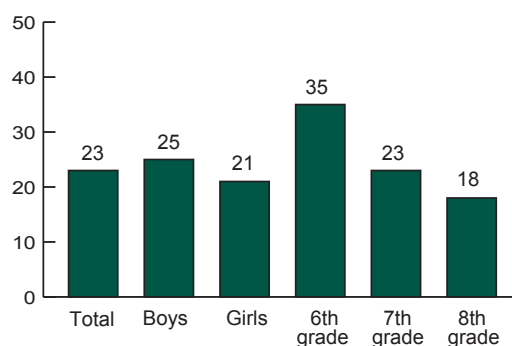
◆ *By 8th grade, four out of every 10 Nebraska middle school students have tried smoking.*

◆ *Almost as many girls (30%) as boys (34%) have tried smoking cigarettes.*

◆ *Of the 8th grade students who had tried smoking, 41% had smoked their first cigarette before the age of 11.*

◆ *Two out of 10 middle school girls had tried smoking before age 11.*

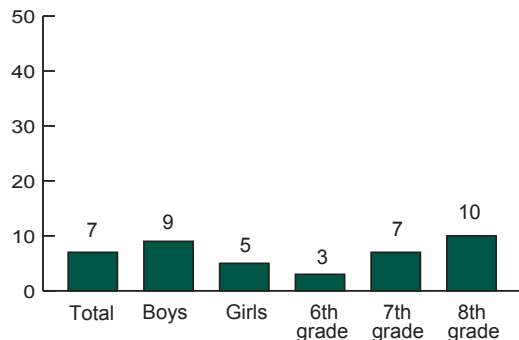
Percentage of students **who ever smoked** and reported smoking a whole cigarette before age 11



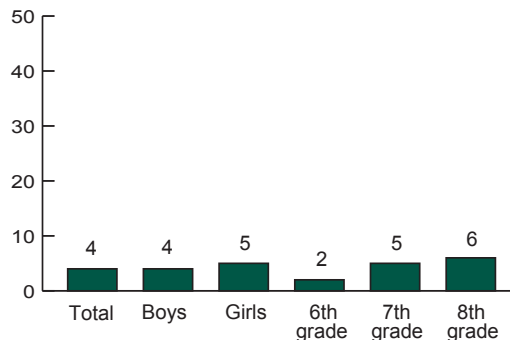
**Young people greatly underestimate the addictive nature of nicotine. Of daily smokers who think they will not be smoking in five years, only 25% have actually quit in five years.**

**Sixty percent of adolescent smokers in grades 9-12 wish they had never started.<sup>1</sup>**

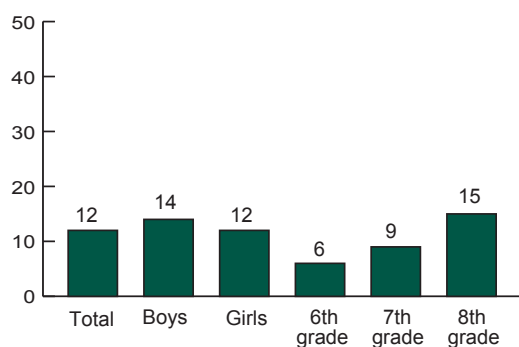
Percentage of students **who ever smoked** who smoked 100 or more cigarettes in their lifetime



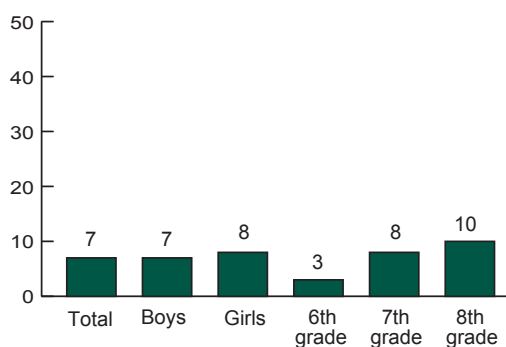
Percentage of students **who ever smoked** who smoked daily



Percentage of **current smokers** who smoke 6 or more cigarettes per day on the days they smoke



Percentage of **total sample** who had smoked cigarettes on one or more of the past 30 days  
(Defined as **current smokers**)



*Of these middle school students who had tried smoking, 25% had done so before the age of 11.*

45,000  
Nebraskans  
now under  
age 18 will  
eventually  
die  
prematurely  
from  
cigarette  
smoking.<sup>2</sup>

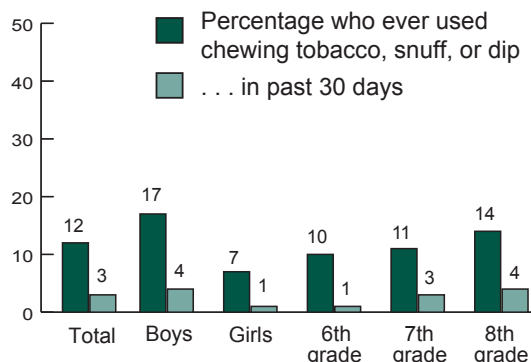
## Smokeless Tobacco–The Other Tobacco

Smokeless tobacco is tobacco that is placed in the mouth (or sniffed into a nostril) rather than smoked.

**Chewing tobacco:** Shredded tobacco that is placed in the cheek and sucked or chewed.

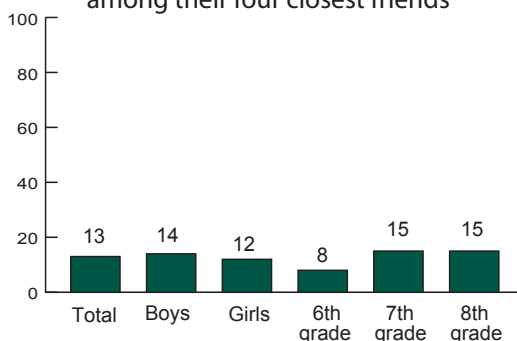
**Moist snuff (dip):** Finely ground tobacco that is tucked between the gum and lower lip.

**Dry snuff:** Powdered tobacco that is inhaled into a nostril.

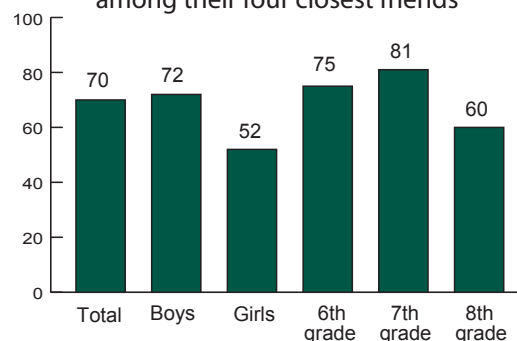


### The influence of friends...

Percentage who have **never used smokeless tobacco** who have one or more smokeless tobacco users among their four closest friends

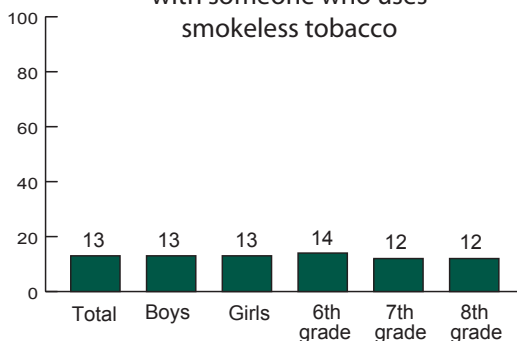


Percentage of **current smokeless tobacco users\*** who have one or more smokeless tobacco users among their four closest friends

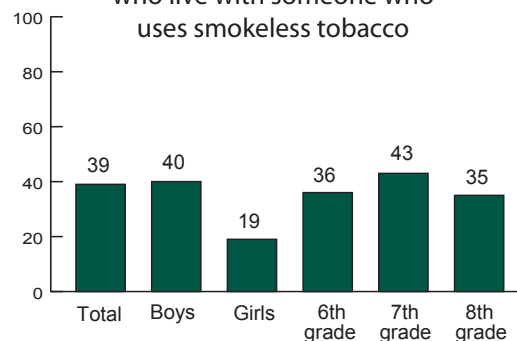


### The influence of family ...

Percentage who have **never used smokeless tobacco** who live with someone who uses smokeless tobacco



Percentage of **current smokeless tobacco users\*** who live with someone who uses smokeless tobacco

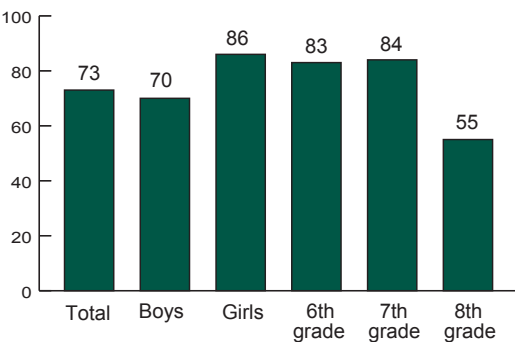


\*A **current smokeless tobacco user** is a student who reported having used smokeless tobacco on one or more of the past 30 days.

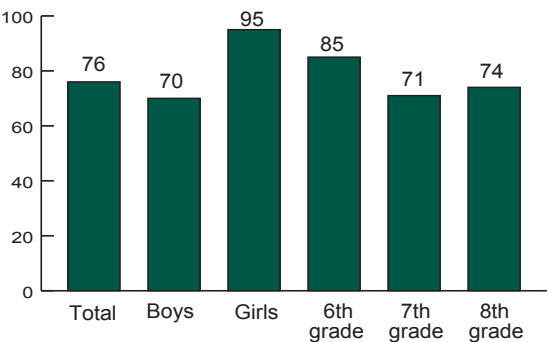
# Who Gets Cigarettes From Where?

In Nebraska it is illegal to sell tobacco products to young people under age 18. It is also illegal for young people to misrepresent their age to purchase tobacco products. Despite the law, 70% of boys and 86% of girls who smoke admit to purchasing cigarettes in the past 30 days and not being asked for proof of age.

**Current smokers\*** under age 18 who bought cigarettes in a store in the past 30 days who were **not** asked to show proof of age

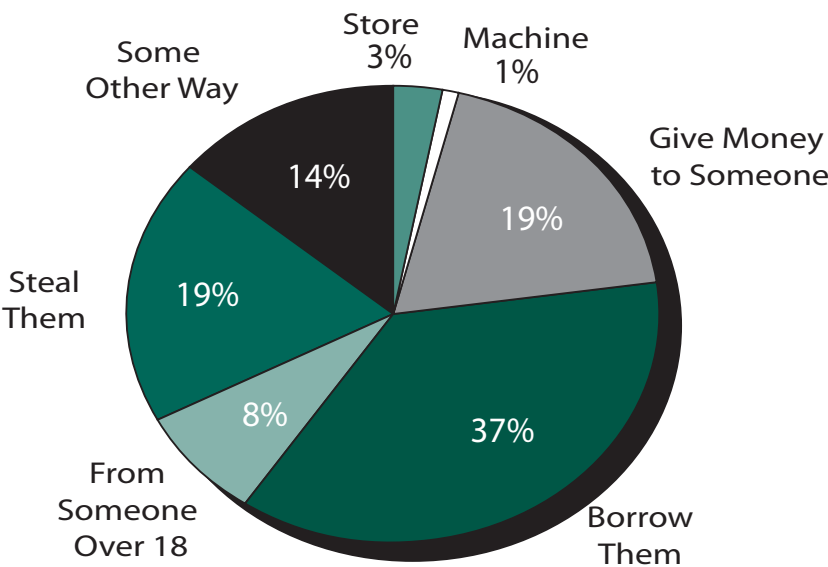


**Current smokers\*** under age 18 who bought cigarettes in a store who were **not** refused cigarettes because of their age



\*A **current smoker** is a student who reported having smoked cigarettes on one or more of the past 30 days.

## How do current smokers get their cigarettes?



*Almost three quarters of Nebraska's current middle school smokers who bought their cigarettes in a store were not asked for proof of age.*

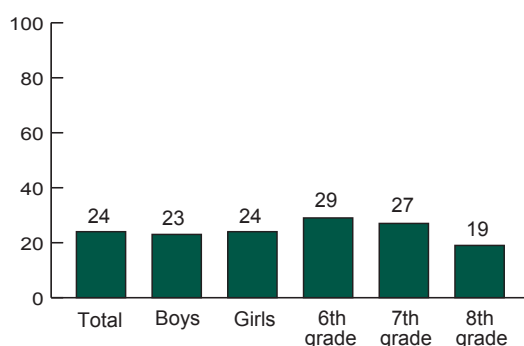


*One  
quarter  
of the  
current  
smokers  
think  
it is safe  
to smoke  
for a  
year or  
two  
as long  
as they  
quit after  
that  
time.*

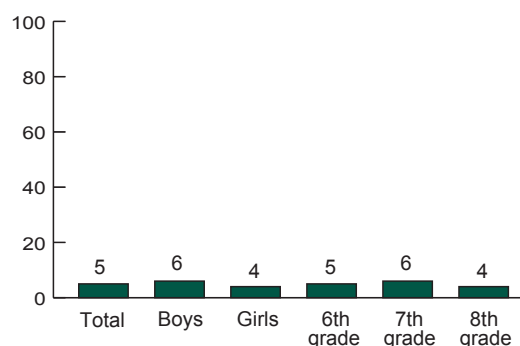
## What Are Young Nebraskans Thinking?

Current smokers' thoughts compared to the thoughts of never smokers ...

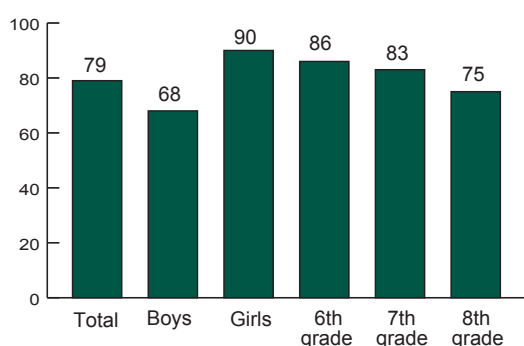
Percentage of **current smokers** who think it is safe to smoke for a year or two, as long as you quit after that time



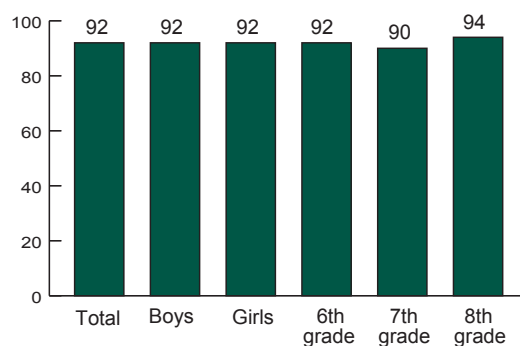
Percentage of **never smokers** who think it is safe to smoke for a year or two, as long as you quit after that time



Percentage of **current smokers** who think people risk hurting themselves if they smoke between 1 and 5 cigarettes per day

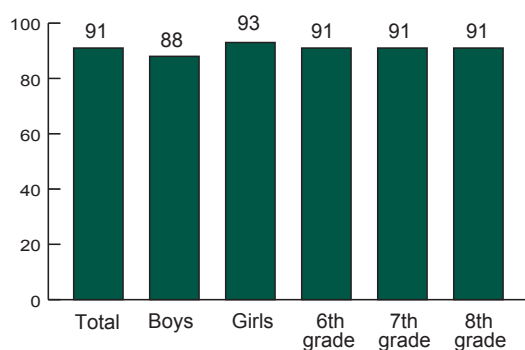


Percentage of **never smokers** who think people risk hurting themselves if they smoke between 1 and 5 cigarettes per day

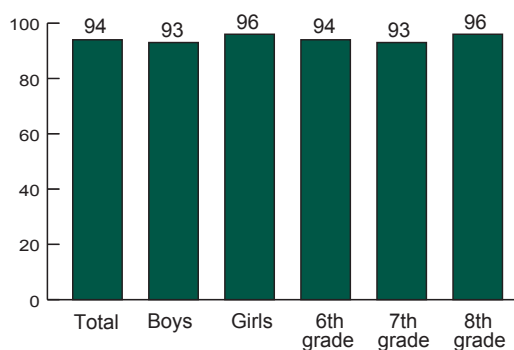


**WARNING:** Cigarettes contain nicotine. Nicotine is a powerfully addictive drug. When a young person inhales cigarette smoke it goes straight to the brain. In as little as 10 seconds, the pleasurable effects of smoking reaches its peak. Within a few minutes, the pleasure is gone, and the craving for another puff of smoke begins a new cycle.<sup>3</sup>

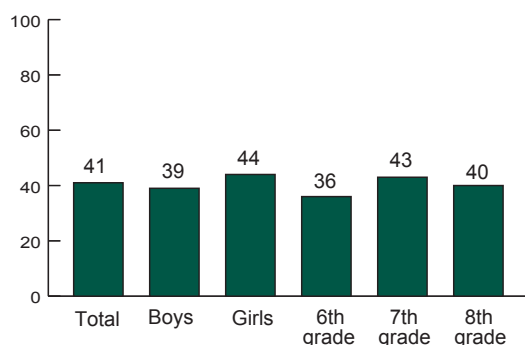
Percentage of **current smokers** who think people can get addicted to cigarette smoking, just like getting addicted to cocaine or heroin



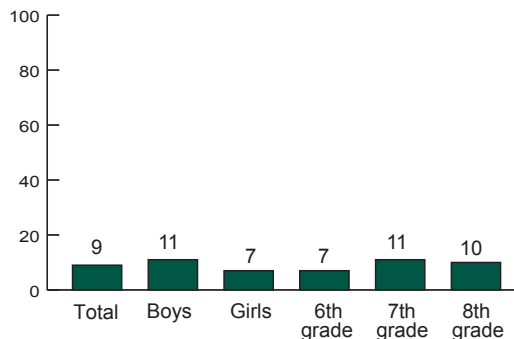
Percentage of **never smokers** who think people can get addicted to cigarette smoking, just like getting addicted to cocaine or heroin



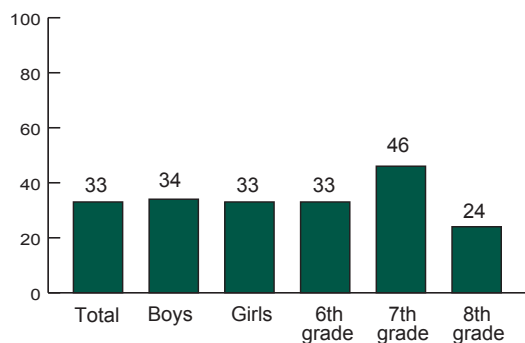
Percentage of **current smokers** who think young people who smoke cigarettes have more friends



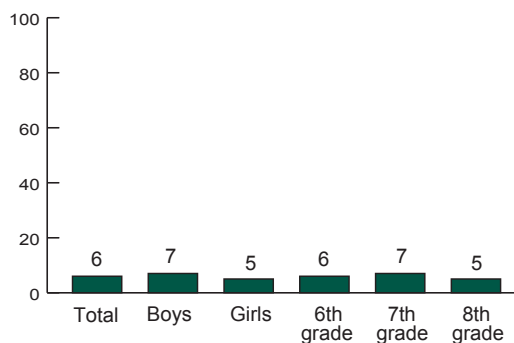
Percentage of **never smokers** who think young people who smoke cigarettes have more friends



Percentage of **current smokers** who think smoking cigarettes makes young people look cool or fit in



Percentage of **never smokers** who think smoking cigarettes makes young people look cool or fit in



*Nine out of 10 smokers agree that cigarettes are addicting, just like cocaine and heroine.*

*Between  
1997 and  
2003,  
the  
proportion  
of  
adolescent  
smokers  
declined  
from  
39.2% to  
24.1%*

## Nebraska's Success in Reducing Adolescent Tobacco Use

### The First Step

In 2000, the State Legislature passed Legislative Bill 1436 and appropriated \$21 million from the Tobacco Settlement Trust Fund to support a comprehensive tobacco prevention and cessation program for a period of three years. This allowed the Nebraska Health and Human Services Tobacco Free Nebraska (TFN) program to develop a comprehensive statewide tobacco prevention and cessation program.

### The Second Step

In 2002, the State Legislature took a second step toward reducing tobacco use. By raising the state's cigarette tax by 30 cents per pack, the legislature followed a well-established precedent shown repeatedly to reduce smoking, especially among young people.

### The Results

#### Reductions in Youth Tobacco Use

Between 1997 and 2003, the percentage of adolescents who reported smoking on at least one of the previous 30 days declined from 39.2% to 24.1%. In Nebraska, this represents approximately 15,000 fewer adolescent smokers in 2003 compared to 1997.

In the same period, the percentage of adolescents reporting smokeless tobacco use (chew) on at least one of the previous 30 days declined from 17.1% to 10.1%. This represents 7,000 fewer adolescents using smokeless tobacco in 1997 than in 2003.

Taken together, this represents a 38% decline in the percentage of youth smoking cigarettes and a 41% decline in the percentage of youth using smokeless tobacco.

In the same time period, the percentage of youth reporting they had never smoked a cigarette increased from 30.5% to 39.8%.

#### Restricting Sales to Minors

Encouraging tobacco vendors to comply with state laws prohibiting the sale of tobacco products to underage youth is an important component of TFN. Compliance checks between 1996 and 2003 indicated that the percentage of vendors enforcing the laws and refusing to sell to young people 18 years of age and younger increased from 67.8% in 1996, to 81.2% in 2003.

#### Adults and Parents

Following the introduction of Tobacco Free Nebraska's comprehensive program, the percentage of adult smokers dropped sharply in 2001 to 20.2%. In 2002 it increased slightly to 22.7%, but remained below the median percentage of smokers nationwide for the first three years of TFN's program.

**Attitudes Toward  
Smoke-Free  
Environments**

The 2003 Adult Tobacco/Social Climate Survey reported that a majority of Nebraskans preferred eating in smoke-free environments and were willing to support ordinances banning smoking completely in restaurants. When dining out, 74% of Nebraskans report requesting a non-smoking section. Seventy one percent support local ordinances banning smoking entirely in restaurants, and 14% said that during the past year they did not eat at a restaurant because it allowed smoking.

**Quitting**

In August 2002, Nebraska established a statewide Nebraska Tobacco Quitline. By October 2003, the Quitline had received 6,693 calls from healthcare providers and individuals seeking tobacco cessation information and counseling. Due to funding cuts by the Nebraska Legislature, the Quitline ended on May 31, 2004.

### The Third Step

Despite this significant progress, in June 2003 the Nebraska state legislature appropriated only \$405,000 annually for the next two years to support the Tobacco Free Nebraska program. Rather than renewing the funding support at the previous level of \$7 million per year, the legislature chose to reduce the appropriation 94%. As a result, many components of the comprehensive statewide tobacco prevention and cessation program have been scaled down or eliminated. Unfortunately, this places the significant progress that has been achieved in the last couple of years in jeopardy. Despite the fact that Nebraska's appropriations for tobacco prevention and cessation never reached the \$13.3 million per year minimum level of support recommended by the U.S. Centers for Disease Control and Prevention, significant progress had been made. The question, now that the State has so greatly reduced support, is whether it is possible to maintain the downward trend in smoking behavior.

#### The Goals of the Tobacco Free Nebraska Program

- 1) Preventing and reducing tobacco use among adults and youth.
- 2) Eliminating the public's exposure to second-hand smoke.
- 3) Identifying and eliminating disparities\* related to tobacco use.
- 4) Promoting tobacco use cessation among adults and youth.

\*Eliminating differences in tobacco use and second-hand smoke exposure among Nebraska's racial and ethnic minority populations.

*Between  
2003 and  
2004,  
Nebraska  
dropped  
from 17th  
to 41st  
nationally  
in support  
for tobacco  
prevention  
programs.*

*Eight out of 10 current smokers have closest friends who are smokers.*

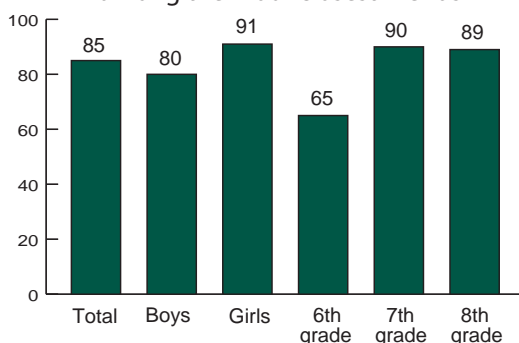
*Eight out of 10 never smokers have closest friends who are non smokers.*

## The Environment and Its Impact

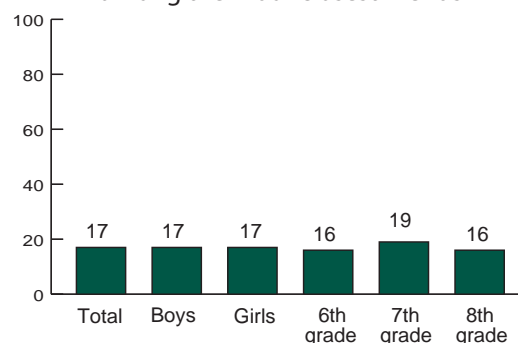
We are, by nature, social creatures and the behavior of others affects us all. We adopt the behaviors of those we admire. We tend to behave like our close friends and they behave like us. Influences, such as advertising and the media, affect us directly and indirectly by the way they affect our friends.

### The Social Environment

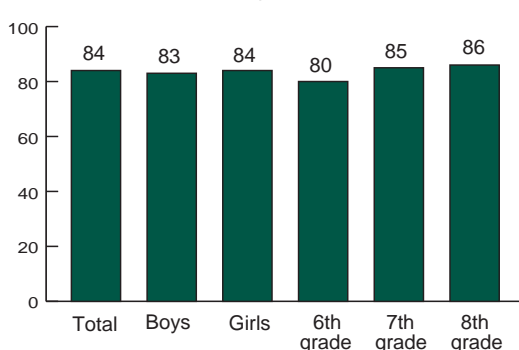
Percentage of **current smokers** with one or more smokers among their four closest friends



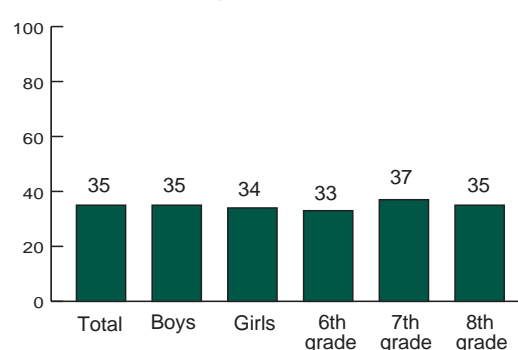
Percentage of **never smokers** with one or more smokers among their four closest friends



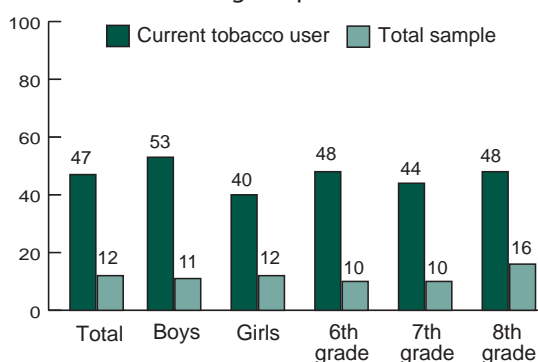
Percentage who watch TV or movies and see **actors using tobacco** most/some of the time



Percentage who use the **Internet** and see ads for tobacco products most/some of the time

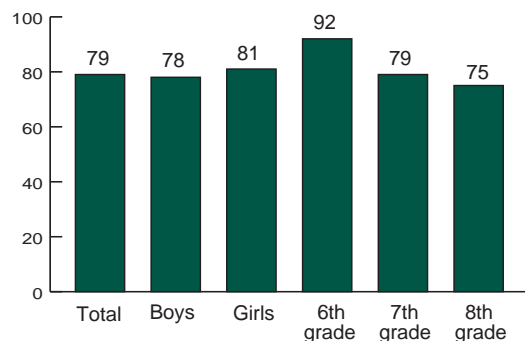


Percentage who bought or received anything **with a tobacco company name or picture** on it during the past 12 months

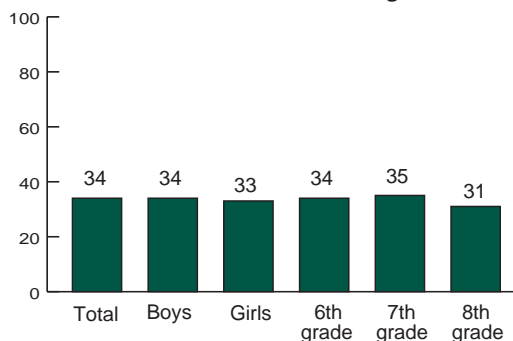


## The Physical Environment

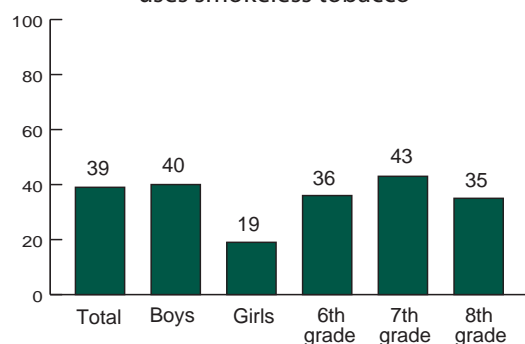
Percentage of **current smokers** who live in the same home with someone who smokes cigarettes



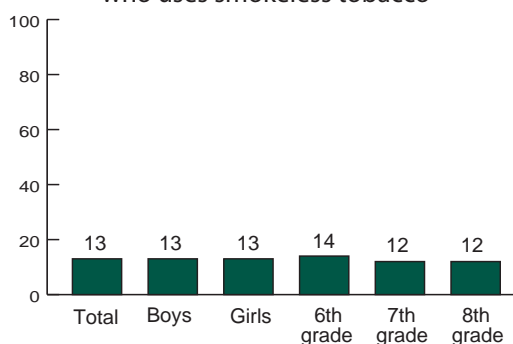
Percentage of **never smokers** who live in the same home with someone who smokes cigarettes



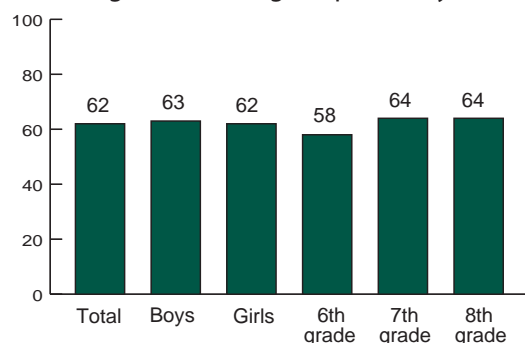
Percentage of **current smokeless tobacco users** who live in the same home with someone who uses smokeless tobacco



Percentage of those who **never used smokeless tobacco** who live in the same home with someone who uses smokeless tobacco



Percentage who rode in a car or were in the same room with someone who was smoking cigarettes during the past 7 days



### Exposure to Second Hand Smoke<sup>4</sup>

Living in a home with just one parent smoking ...

- ◆ Increases lower respiratory infections like pneumonia and bronchitis
- ◆ Increases asthma attacks
- ◆ Increases inner ear infections
- ◆ Increases Sudden Infant Death Syndrome (S.I.D.S.)
- ◆ Significantly reduces lung function

*In the last week, 6 out of 10 middle school students rode in a car, or were in the same room, as someone who was smoking a cigarette.*

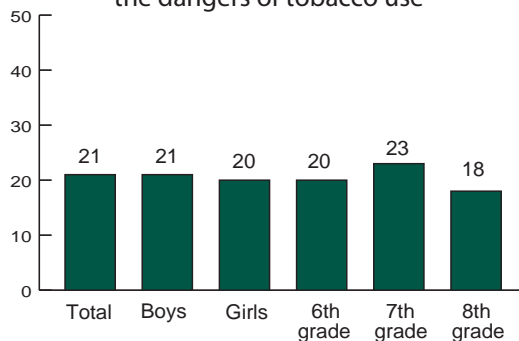
*One third of middle school students have not discussed the dangers of smoking with their parents; less than a third have been told about the dangers of tobacco use by their doctor.*

## Is the Message Getting Through?

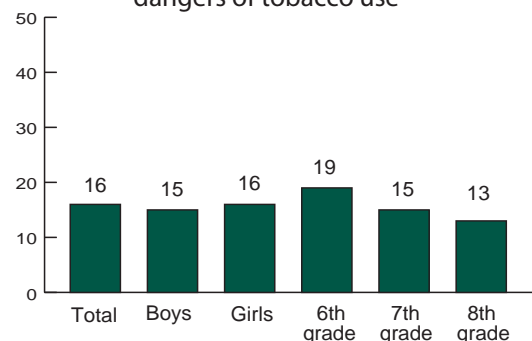
Parents have the primary responsibility to discuss the dangers of tobacco use with their children. Physicians and dentists are two health care providers likely to see a child or adolescent at least a few times in their formative years. Their status brings support for any advice they might give to young people.

Unfortunately, too few physicians, dentists, or parents are effectively speaking to young people about the dangers of tobacco use.

Percentage who have been to a **doctor's** office in the past 12 months and been told about the dangers of tobacco use



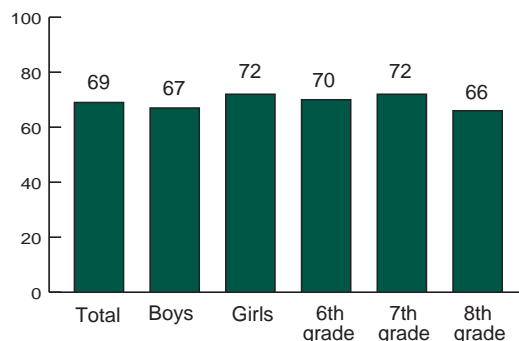
Percentage who have been to a **dentist's** office in the past 12 months and been told about the dangers of tobacco use



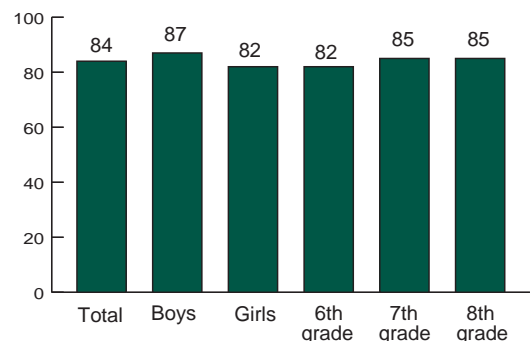
### WARNING:

**There is no safe tobacco product. The use of any tobacco product can cause cancer and other adverse health effects. This includes all forms of tobacco including cigarettes, cigars, pipes, and spit tobacco; mentholated, "low-tar," "naturally grown," or "additive free."<sup>5</sup>**

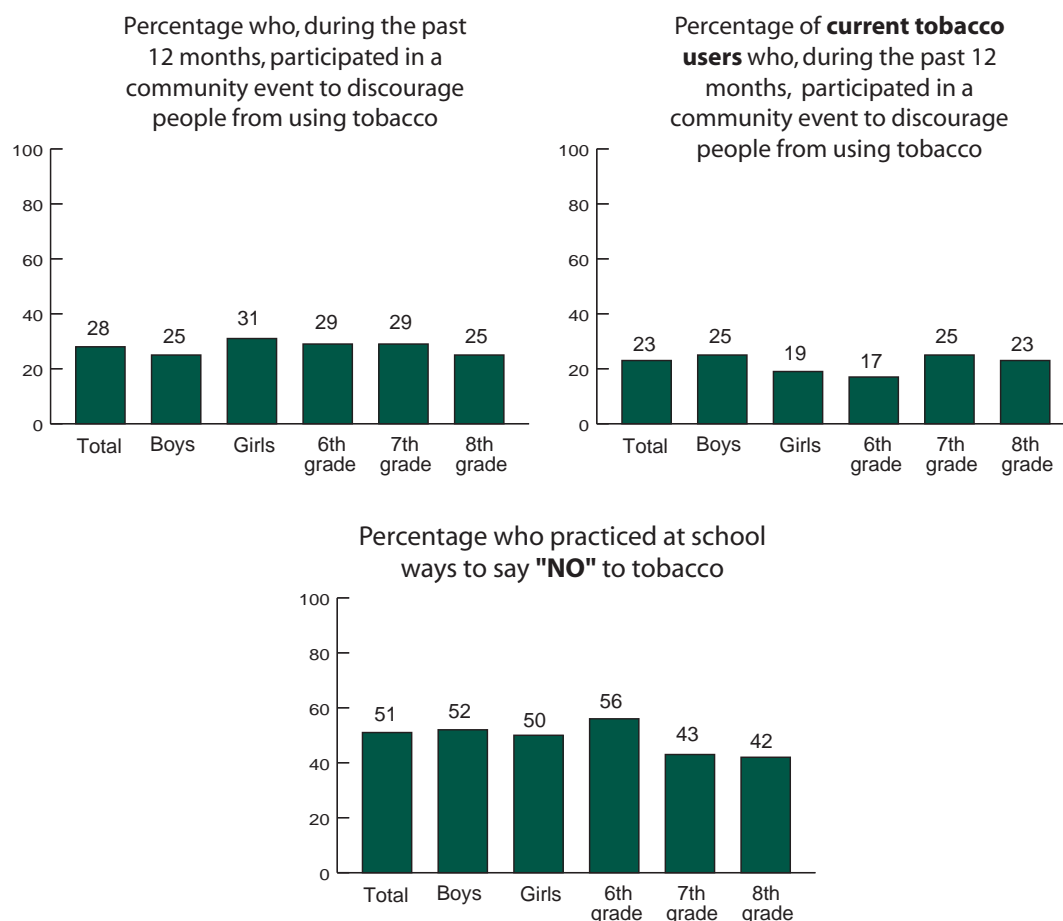
Percentage who have discussed with parent or guardian the dangers of tobacco use, in the past 12 months



Percentage who have seen or heard commercials about the dangers of cigarette smoking, during the past 30 days



Communities, usually in cooperation with their schools, often sponsor events designed to discourage young people from using tobacco. These events bring considerable satisfaction to their organizers, but do they impact the young people involved? They may, if done in combination with other activities designed to discourage tobacco use. As single activities, any possible effectiveness is limited by the number of young people who have attended such an event. It also appears many schools do not directly teach ways to say "no" to tobacco.



**Careful evaluation indicates that to be effective, school-based tobacco education programs must produce the following outcomes:**

- ◆ Increased understanding of the negative health effects of tobacco
- ◆ Accurate perceptions of who and how many people actually do use tobacco (a smaller proportion than most estimate)
- ◆ Knowledge of ways to analyze pressure to use tobacco (personal, media, environmental)
- ◆ Skills to effectively refuse offers to use tobacco
- ◆ Skills to disapprove of other tobacco use
- ◆ Parents and a community that openly support the school's efforts and a clear non-tobacco use message, including a strong, enforced no tobacco school policy

*Half of middle school students learned how to say "NO" to tobacco in school.*

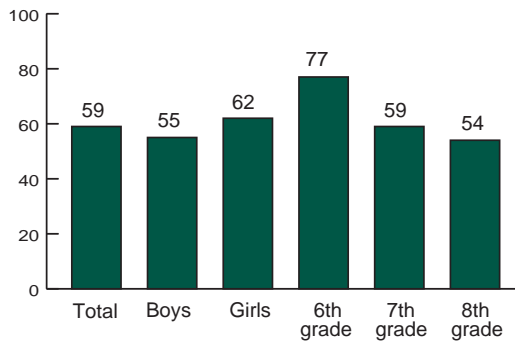


*More than half of current smokers in this sample say they have tried to quit, and half say they want to quit soon.*

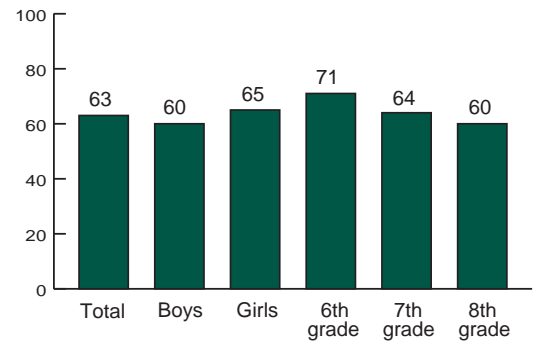
## Quitting? Start Now!

Enough students want to quit smoking for schools to consider how they can provide or promote school-based quitting programs.

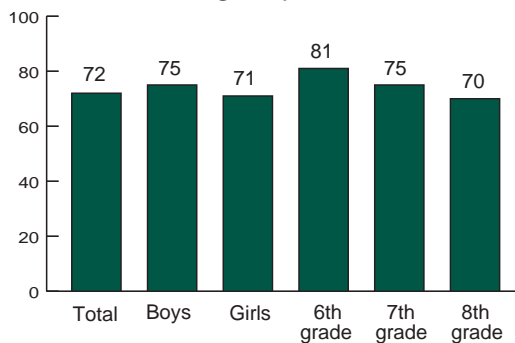
Percentage of **current smokers** who want to quit (completely stop) now



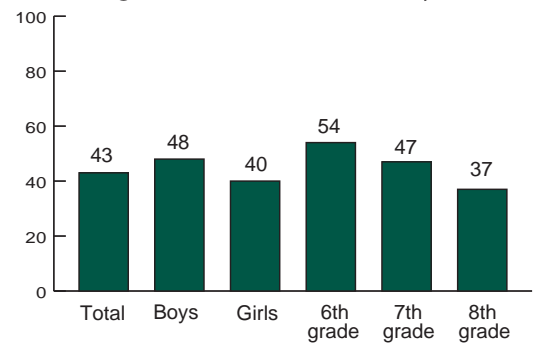
Percentage of **current smokers** who tried to quit smoking during the past 12 months



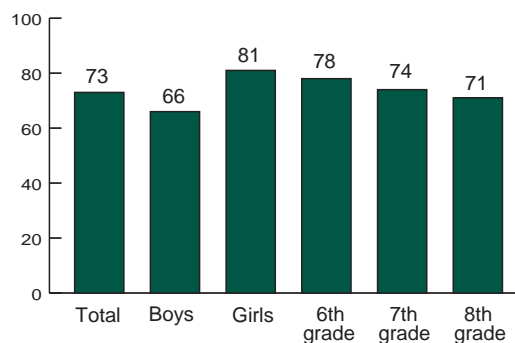
Percentage of **current smokers** who tried to quit smoking one or more times during the past 12 months



Percentage of **current smokers** who, when they last tried to quit, stayed off cigarettes for less than 30 days



Percentage of **current smokers** who think they will be able to quit smoking cigarettes if they want to



# Intentions and Susceptibility

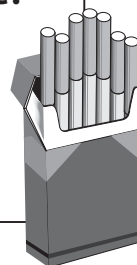
Students were asked three questions to assess future smoking intentions: "Do you think you will try a cigarette soon?", "Do you think you will smoke a cigarette any time in the next year?", and "If one of your friends offered you a cigarette, would you smoke it?"

The following indicates the percentage of **never smokers** who did not answer "definitely not" to these three questions—classifying them as possible future smokers:

Will possibly try a cigarette soon	7%
Will possibly smoke a cigarette during the next year	17%
Will possibly smoke if best friend offered a cigarette	16%

## What are the chances a youngster you know will be a smoker in the future?

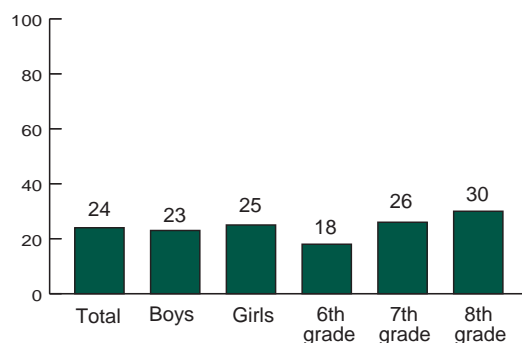
Answers to a combination of questions allowed students to be classified by degree of risk of being a smoker in the future.



Students who, at the time of the survey, had never smoked **and** reported that they would definitely not try a cigarette soon, **and** that they would definitely not smoke in the next year, **and** that they would definitely not smoke if a best friend offered them a cigarette, were classified as **not susceptible** to smoking in the future.

Of those who had never smoked, 24% were susceptible to starting smoking; 76% were not susceptible to starting smoking.

Percentage of **never smokers** susceptible to start smoking



*Of the  
68% of  
this  
sample  
who had  
never  
smoked a  
cigarette,  
a quarter  
were  
determined  
as  
possible  
future  
smokers.*

# Nebraska Resources

There is help! The following resources can be contacted to assist you with implementing tobacco prevention activities in your own communities:

Tobacco Free Nebraska	(402) 471-2101, or (800) 745-9311
American Cancer Society	(800) 642-8116, or (402) 393-7742
American Lung Association	(800) LUNGUSA, or (402) 572-3030
Health Education Inc.	(800) 669-6274, or (402) 477-5220

## Tobacco Websites

### **Tobacco Free Nebraska**

[www.hhs.state.ne.us/tfn/tfnindex.htm](http://www.hhs.state.ne.us/tfn/tfnindex.htm)

### **Americans for Nonsmokers' Rights**

[www.no-smoke.org](http://www.no-smoke.org)

### **Campaign for Tobacco-Free Kids**

[www.tobaccofreekids.org](http://www.tobaccofreekids.org)

### **Centers for Disease Control and Prevention-Office on Smoking and Health**

[www.cdc.gov/tobacco](http://www.cdc.gov/tobacco)

### **Smokefree.Net**

[www.smokefree.net](http://www.smokefree.net)

### **Action on Smoking and Health**

[ash.org](http://ash.org)

### **Tobacco Prevention and Control Youth Advocacy Websites**

[www.nolimitsnebraska.com](http://www.nolimitsnebraska.com)

[okswat.com](http://okswat.com)

[www.questionit.com](http://www.questionit.com)

[www.getoutraged.com](http://www.getoutraged.com)

[www.thetruth.com](http://www.thetruth.com)



## References

1. National Center For Chronic Disease Prevention and Health Promotion website, Tobacco Information and Prevention Source (TIPS) [http://www.cdc.gov/tobacco/statehi/html\\_2002/nebraska.htm](http://www.cdc.gov/tobacco/statehi/html_2002/nebraska.htm). Retrieved April 26, 2004.
2. Centers for Disease Control and Prevention, Smoking-Attributable Mortality, Morbidity, and Economic Costs (SAMMEC) application.
3. Leshner, Alan I. (2003, November 5). *Parents: Nicotine Is A Real Threat To Your Kids* [National Institute on Drug Abuse World Wide Web Page]. [http://www.nida.nih.gov/Published\\_Articles/Nicotinethreat.html](http://www.nida.nih.gov/Published_Articles/Nicotinethreat.html), Retrieved November 5, 2003.
4. ASH Smoking and Health Review, *What Tobacco Smoke Does To Children*, Action on Smoking and Health (ASH), Sept-Oct 2003, p.3.
5. National Center For Chronic Disease Prevention and Health Promotion website, Tobacco Information and Prevention Source (TIPS) <http://www.cdc.gov/tobacco/> Retrieved April 26, 2004.



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or TDD/TTY (402) 471-9570**